



## West Metro CERT Volunteer Application

### Contact Information

Name (Last, First, Middle)	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	Text address:
Work Phone	
E-Mail Address	

### Availability

During which hours are you available for volunteer training and/or assignments?

Weekday: Mornings \_\_\_\_ Afternoons \_\_\_\_ Evenings \_\_\_\_

Weekend: Mornings \_\_\_\_ Afternoons \_\_\_\_ Evenings \_\_\_\_

24 Hour/7 Day a Week Disaster Response \_\_\_\_

### Interests

Tell us in which areas you are interested in volunteering (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Disaster Operations/Scribe | <input type="checkbox"/> Disaster Communications |
| <input type="checkbox"/> Disaster Field Work        | <input type="checkbox"/> Fire Suppression        |
| <input type="checkbox"/> Triage/Medical             | <input type="checkbox"/> Search and Rescue       |
| <input type="checkbox"/> Traffic Control            | <input type="checkbox"/> Sheltering              |
| <input type="checkbox"/> Events/Public Relations    | <input type="checkbox"/> Newsletter Production   |

If you have previous CERT experience or membership you may also indicate an interest in the leadership areas below:

\_\_\_ CERT Team Leader    \_\_\_ Cert Instructor (Requires previous TTT Certification)

### **Special Skills or Qualifications**

Summarize special skills and qualifications you have acquired from employment (licenses/certifications), previous volunteer work, or through other activities, including hobbies or sports.

### **Previous Volunteer Experience**

Summarize your previous volunteer experience.

### Emergency Contact

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

### Agreement and Signature

By submitting this application: I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I further agree to a criminal background check and driving record check as a condition of application to and acceptance into the program.

Name (printed)	
Signature	
Date	

### Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. West Metro CERT will disqualify any individual who has at any time: been convicted of a felony; sold narcotic or dangerous drugs; been charged or convicted of criminal sexual conduct; used illegal drugs or intentionally abused prescription drugs in the past two years; had excessive (3 or more moving violations in 6 months or more than 6 moving violations in the last two years) traffic violations within the past 3 years; or engaged in conduct that would tend to disrupt, diminish or otherwise jeopardize public trust in the law enforcement or fire safety professions.

Please return application to: Tom Mahan, New Hope Police Dept., 4401 Xylon Av N, New Hope, 55428  
[tmahan@ci.new-hope.mn.us](mailto:tmahan@ci.new-hope.mn.us)

### Official Use Only

Drivers License	Clear ____	Not Clear ____
Local Records check	Clear ____	Not Clear ____
Local Warrants check	Clear ____	Not Clear ____
CCH	Clear ____	Not Clear ____

(Attach documentation for any "Not Clear")

Date checked \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Checked by \_\_\_\_\_